

FCP75

PRENATAL DIAGNOSIS OF WOLF-HIRSCHHORN SYNDROME (4P-) IN ASSOCIATION WITH CONGENITAL HYPOSPADIAS AND CLUBFOOT

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Case:

A 31-year-old gravida 2 partus 1 woman was referred at 29 weeks' gestation with suspicion of intrauterine growth restriction. Sonographic examination revealed a single live fetus. Fetal biparietal diameter, abdominal circumference and femur length measurements were compatible with 25 weeks' gestation. Amniotic fluid index was 15 cm. Doppler velocimetry of umbilical artery was normal. A 7.3 cm placental thickness was measured.

Examination of the fetal anatomy revealed a deformity of the right lower limb and undescended testes with an irregular distal penis. The parents were informed and a cordocentesis was performed. The karyotype analysis revealed a deletion of the short arm of chromosome 4. After genetic counseling the family elected for termination of the pregnancy. Labor was induced and the woman delivered a stillborn male fetus weighing 900 g. The baby had prominent glabella, short philtrum, low-set ears, hypospadias, undescended testes and pes equinovagum deformity of the right foot. Except for a large hydropic placenta, no additional anomaly was noted at autopsy. Chromosomal analysis of the woman revealed a normal karyotype.

Conclusion:

The prenatal detection of intrauterine growth restriction, hypospadias and clubfoot should raise the suspicion of WHS particularly with a normal amniotic fluid.

FCP76

THE INCIDENCE OF FETAL LACERATION INJURY IN CESAREAN DELIVERY AT A TURKISH MATERNITY HOSPITAL

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Objective: To determine the incidence of fetal laceration injury in cesarean delivery.

Material and Methods: We reviewed medical records of all neonates delivered by cesarean between November 2001 and April 2002. All cesareans were performed by residents under staff supervision. A retrospective chart review was used to document fetal laceration injuries, admission and discharge notes by pediatricians. When a neonatal record indicated a fetal laceration injury, the maternal records including obstetric delivery note and postpartum daily progress notes were reviewed. Parameters including indication for cesarean, presentation, type and location of injury were evaluated.

Results: There were 2554 cesarean deliveries performed during the study period; of these 2545 neonatal records were available for review. Eleven fetal laceration injuries were detected (0.4%). The incidence of laceration showed no difference between cesarean deliveries with vertex and non-vertex presentation (6 versus 5 cases).

Conclusion: This study showed approximately a five times lesser incidence (0.4%) of fetal laceration injury at cesarean delivery than a previous study (1.9%) which; to best of our knowledge, was the only one to document the incidence.